



**ENVIRONMENTAL HEALTH DIVISION - FOOD SAFETY**

# Food Service Establishment Permit Renewal Application

Note: This renewal application is only for establishments with no significant changes in menu, ownership, equipment, or facility in the past year.

Permits must be renewed annually to continue operating. Permits are not transferable. If your operation relocates or changes the business name/owner, the new operation is subject to fees for plan review and reinstatement of the permit. The establishment's classification and its corresponding permit fees are based on the operation type and risk category of the menu and process. Permit fees are set by the Whitman County Board of Health and are subject to change each year.

Renewal applications and invoices **must** be completed and paid before February 29, 2024. Submitting an application does not constitute automatic approval.

## Ownership & Establishment Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Billing Address, if different: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's DOB: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Ownership Type: Association Corporation Individual Partnership Other: \_\_\_\_\_

What address would you like your permit mailed to?:

Business Owner's Other: \_\_\_\_\_

Does your establishment allow pet dogs in indoor and/or outdoor dining areas?: Yes No

## Owner Acknowledgement

I, \_\_\_\_\_, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280, and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service (<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//332-033.pdf>).

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_